

WERC-22  
WAIVER  
4/96

**STATE OF WISCONSIN**  
**WISCONSIN EMPLOYMENT RELATIONS COMMISSION**  
P.O. Box 7870, Madison, WI 53707-7870  
(608) 266-1381

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**WAIVER**

The undersigned hereby waive a transcript of the record made at any hearing in the above-captioned matter, as well as compliance with Sec. 227.46(2) and (4), Stats., with respect to the above-captioned matter.

For:

For:

By \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_